## Form **8871**(July 2000)

## Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Department of the Treasury Internal Revenue Service

Part I General Information

1 Name of organization Emp
MARSHA BOWEN CAMPAIGN 6

1 Name of organization
MARSHA BOWEN CAMPAIGN

2 Mailing address (P.O. Box or number, street, and room or suite number)
P.O. BOX 7229

City or town, state, and ZIP code
WINTER HAVEN, FLORIDA 33883-7229

3 E-mail address of organization
NONE

4a Name of custodian of records

4b Custodian's address
141 E. CENTRAL AVE., SUITE 350

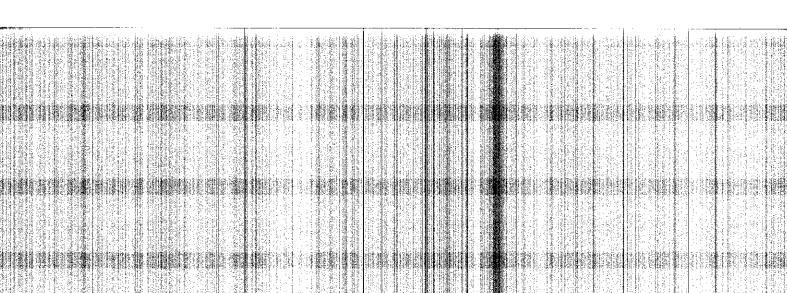
NONE				
4a Name of custodian of records  ERIC B. ADAMSON, TREASURER		Custodian's address		
		141 E. CENTRAL AVE., SUITE 350		
		WINTER HAVEN, FLORIDA 33880		
5a Name of contact person		5b Contact person's address		
		141 E. CENTRAL AVE., SUITE 350		
ERIC B. ADAMSON		WINTER HAVEN, FLORIDA	33880	
6 Business address of organ SAME AS MAILING AD		address shown above). Number, stre	eet, and room or suite number	
City or town, state, and ZII	P code			
Part II Purpose				
7 Describe the purpose of th		HIO IS SECUINO TO DE EL FOT	ED TO THE STATE OF SLOPINA	
POLITICAL CAMPAIG	N FUR MARSHA BUVVEN V	VHU IS SEEKING TO BE ELECT	ED TO THE STATE OF FLORIDA	
HOUSE OF REPRESENTA	TIVES, DISTRICT 65. (POL	ITICAL ORGANIZATION)		
***************************************			RECEIVED	
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Part III List of All Rel	ated Entities (see instruc	ctions)	OGDEN, UT	
8a Name of related entity	8b Relationship	8c Address		
N/A - NONE				
	TO THE PERSON NAMED AND ADDRESS OF			

For Paperwork Reduction Act Notice, see page 4.

Cat. No. 30405V

Form **8871** (7-2000)





Part IV List of All Officers, Directors, and Highly Compensated Employees (see instructions)				
9a Name	9b Title	9c Address		
MARSHA L. BOWEN	CANDIDATE	P.O. BOX 7229		
		WINTER HAVEN, FLORIDA 33883-7229		
ERIC B. ADAMSON	TREASURER	141 E. CENTRAL AVE., SUITE 350		
		WINTER HAVEN, FLORIDA 33880		
Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in selection 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my know ledge and belief, it is true, correct, and complete.				
Sign Signature of authorited office	cial Trees.	7-31-00 Date		
Here				
Printed on recycled paper Form 8871 (7-2000)				